

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED

AFTER
1ST AMENDMENTAFTER
2ND AMENDMENT

IND.

DEP.

IND.

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DEP.

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

AS FILED

AFTER
1ST AMENDMENTAFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL IND.

TOTAL DEP.

TOTAL